

## HISTORY FACILITY PROFILE

ROCKY MOUNTAIN CARE - WEST VAL PROVIDER #: 465075 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 4150 WEST 3375 SOUTH PHONE NUMBER: (801) 397-4400 TOTAL: 72  
 WEST VALLEY CITY UT 84120 PARTICIPATION DATE: 08/01/1980 CERTIFIED: 72 TYPE OWNERSHIP: NONPROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/07/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 72	
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TOTAL:	60	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	8	SUSPENSION RESCINDED:	--	----	-----
MEDICAID:	40			72	
OTHER:	12				

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 03/1999	S/S CODE	PRIOR 2 SURVEY 05/2000	S/S CODE	PRIOR 1 SURVEY 08/2001	S/S CODE	CURRENT SURVEY 10/07/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E								REQ F0241-DIGNITY
X	D								REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
				X	C				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	E						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	D						REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
X	E								REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	D								REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 01/1999	PRIOR 2 SURVEY 04/2000	PRIOR 1 SURVEY 04/2001	CURRENT SURVEY 10/07/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
X		X	X C	10/25/2002	K0018-CORRIDOR DOORS
			X C	10/21/2002	K0029-HAZARDOUS AREAS - SEPARATION
			X C	10/25/2002	K0038-EXIT ACCESS
	X				K0046-EMERGENCY LIGHTING
	X				K0050-FIRE DRILLS
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
	X	X			K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	1	5	4
HEALTH TOTAL	0	1	5	4
LIFE SAFETY CODE	4	2	3	1
LIFE SAFETY CODE + HEALTH	4	3	8	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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04/04/2001	UNSUBSTANTIATED
11/27/2001	UNSUBSTANTIATED
07/15/2002	UNSUBSTANTIATED
09/25/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT